



Monitoring Cancer in Vermont

Cancer is more common than most people realize.

According to the American Cancer Society, about one out of three American women and one out of two American men now living will eventually have cancer. Because science and medicine have conquered many of the diseases that used to contribute to premature death, people are generally living longer. This increases the chance of having a diagnosis of cancer.

Cancer is now the second leading cause of death in Vermont and the United States, following heart disease. Given these statistics, it is not surprising to know several people in a neighborhood or workplace who have cancer.

Cancer is not just one disease.

“Cancer” is a group of more than 100 diseases characterized by uncontrolled growth and spread of abnormal cells. Different types of cancers have different causes, and different rates of occurrence and survival. Therefore, different types of cancers in a community or workplace do not necessarily have the same cause.

The risk of having cancer is related to age.

While cancer is the second leading cause of death in children (the leading cause is accidents), most types of cancers occur among people over 45 years of age. As a population ages, the occurrence of new cancer cases is expected to increase. When a community, neighborhood, or workplace consists primarily of people over the age of 45 (and even more so, over the age of 60), we would expect more cancers than in a neighborhood or workplace of diverse ages.

Most cancers are related to lifestyle factors.

Cancers may be caused by a variety of factors acting alone or together, usually over a period of many years. Scientists estimate that most cancers are due to factors related to how we live. Lifestyle factors which increase the risk for cancer include: tobacco use, drinking heavily, poor diet (with excess calories, high in fat and low in fruits, vegetables, or fiber), and overexposure to sunlight.

Other important risk factors include reproductive factors and sexual behavior. For example, women who have their first child after age 30 have a greater chance of developing breast cancer and women who have had many sexual partners have an increased risk of developing cervical cancer. A family history of cancer may also increase a person's chances of developing cancer.

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Toxic substances in the environment account for a relatively small percentage of all cancer deaths.

Many people believe that cancer is usually caused by exposure to toxic substances. However, the percentage of cancers that can be ascribed to environmental toxins is probably small. Most geographic differences in cancer rates seem to result more from behavioral differences or differences in lifestyle than from anything in the physical surroundings. Almost two-thirds of cancer deaths in the United States may be linked to tobacco use, adult diet, obesity and lack of exercise. By contrast, only an estimated four percent of cancer deaths can be attributed to environmental pollution or radiation.

However, occupational studies have shown certain chemicals and other substances to be cancer-causing; these include asbestos, benzene, arsenic, vinyl chloride and other industrial products. Occupational exposures are thought to account for about four percent of cancer deaths. An estimated 10 percent of lung cancer cases are due to radon exposure.

Cancers today are usually related to events that happened many years ago.

For those instances in which a cancer is due to contact with a cancer-causing agent, the disease does not develop immediately. Instead, there is often a long period - as long as 30 years - between the exposure to a carcinogen (a cancer-causing substance) and medical diagnosis of cancer. This makes it very difficult to pinpoint what caused the cancer. Cancers that are diagnosed now are usually related to many years of certain habits (such as smoking) or exposures to carcinogens many years ago.

Cancer cluster investigations very rarely identify a specific cause.

In the 1970s, a number of state cancer registries were established. Scientists and citizens hoped that through these registries clusters of cancer in the community would be detected, and that study of cancer clusters would lead to the discovery of the specific causes of these cancers. Since then, thousands of investigations have been conducted throughout the country, mainly by state, local or federal agencies.

With one or two possible exceptions involving childhood cancers, none of these investigations resulted in identification of specific causes - even when a statistically elevated total number of cases of cancer in a geographic area could be documented.

The Vermont Cancer Registry monitors cancer in Vermont.

The Vermont Department of Health's Cancer Registry monitors the incidence of cancer and cancer deaths among Vermonters. By law, physicians and hospitals must report all new cancer cases they diagnose or treat to the Vermont Cancer Registry. The registry does *not* collect information directly from patients, and patient information in the registry is kept strictly confidential.

Cancer Registry data are used by the Health Department and other health researchers to study cancer trends, to research cancer causes, and to improve cancer education and prevention efforts. For example, if an age group or a large area of the state has a high rate of a certain type of cancer, public health officials can make sure residents get prevention information and appropriate cancer screening.

These cancers are the most commonly diagnosed in the U.S.

There are many different kinds of cancer. Each is defined by where in the body the cancer starts, and the type of cell involved. The American Cancer Society provides information annually about the most common cancers diagnosed in the United States. In the 2002 report, as in many prior years, the most common cancers for U.S. men were prostate, lung, colorectal, and urinary bladder. For U.S. women, the most common cancers were breast, lung, colorectal and endometrium (uterus).

Three types cause the greatest number of cancer deaths in Vermont.

For Vermont men each year, lung cancer causes the greatest number of deaths (an average of 195), followed by prostate cancer (an average of 75), and colorectal cancer (an average of 66 deaths). Deaths of Vermont women each year average 130 from lung cancer, 93 from breast cancer, and 75 deaths from colorectal cancer.

There are many things you can do to lower your risk of cancer.

- n Don't smoke, dip or chew tobacco—30 percent of all cancers are related to tobacco use.
- n Limit your drinking of alcohol, if you drink at all.
- n Try to get 30 minutes of exercise every day, like working in the yard, walking up the stairs or walking part or all of the way to work.
- n For a healthy diet, eat at least five servings of fruits and vegetables every day, and six servings of grains such as whole-grain bread, pasta and cereal. When increasing total intake of healthy foods, take care not to increase total calories.
- n Cut the fat in your diet to no more than 30 percent of all calories for the entire day.
- n Have routine mammography, Pap test and colorectal cancer screening according to recommended guidelines.
- n Limit your time in the sun, wear a hat outside and always use a sunscreen with a sun protection factor (SPF) of at least 15.
- n Test your home to determine radon levels—an estimated 10 percent of lung cancer cases are due to radon exposure.
- n Ask your doctor for other specific recommendations, particularly if you have a family history of cancer.



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for more information about cancer:

- Vermont Department of Health
Cancer Registry 802-865-7749 or 1-800-464-4343
- National Cancer Institute
Cancer Information Service 1-800-4-Cancer (1-800-422-6237)
http://cis.nci.nih.gov/fact/3_58.htm
- American Cancer Society 1-800-ACS-2345 or 1-800-227-2345

about environment-related questions:

- Vermont Department of Health
Division of Health Protection 1-800-439-8550

for workplace exposure questions:

- Labor and Industry/VOSHA 1-800-287-2765

Printed on Recycled Paper • March 2003

